PTO/SB/17 (01-06) Approved for use through 7/31/2006. OMB 0651-0032 rademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork	rction Acta 1895	no person are re	equired to	U.S. Pate	ent and Trade	emark Office; U.S. DE	PARTMENT OF A VALUE OF	OF COMMERO control number
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				respond to a collection of information unless it displays a valid OMB control number Complete if Known				
FEE TRANSMITTAL				Application Number		09/452952-Conf. #1975		
				Filing Date		December 2, 1999		
For FY 2006				First Named Inventor		Paul Frederick		
				Examiner Name		Allen C. Wong		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2613		
TOTAL AMOUNT OF PAYMENT (\$) 845.00				Attorney Docket No. 36722-16177			3	
METHOD OF PAYMEN	IT (check all th	at apply)						
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable							.Р	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe								
Charge any additional fee(s) or underpayment of gee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		FEES	SE	ARCH FEES		INATION FEES	3	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	/ Fee (\$	Small Entity) Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entit
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depen							360	180
		<u>ee (\$) </u>	ree	aiu (\$)	•	<u>Multiple Depend</u> Fee (\$)	Fee Paid (\$:)
HP = highest numer of total cla	ims paid for, if grea	 ter than 20.			-	CC (\$)	1001010	4
Indep. Claims Extra	Claims Fe	e (\$) _	Fee I	Paid (\$)			-	_
HP = highest numer of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FE	E					<i></i>		
If the specification and d listings under 37 CFR	rawings exceed	l 100 sheets o	of paper	(excluding elec	tronically	filed sequence or	computer	n
sheets or fraction ther						entity) for each a	idditional 5	o .
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 (round up to a whole number) x							<u>Fee Paid (\$)</u>	
4. OTHER FEE(S)								Paid (\$)
Non-English Specification \$130 fee (no small entity discount) (\$60 paid 1/17/06)								
Other (e.g., late filing surcharge). 2253 Extension for response within third month							450.00	
2801 Request for continued examination (RCE) (see 37								95.00

Registration No. (Attorney/Agent)

35,046

Telephone

Date

(202) 344-4614

March 15, 2006

SUBMITTED BY

Name (Print/Type)

Thomas G. Wiseman

Signature